Home Transportation Form

Date: 3/17/14

Center Name: ABC Learning Center

Identifying center information

Center Phone Number: <u>770-456-7890</u>

Day of the Week M T W Th F S Su

Vehicle Tag Number: APK789

Staff on Vehicle:

Betty Smith

Child's First and Last Name (Each child listed individually)	Pick-Up Address	Drop-Off Address		O N	Load Time	O F F	Unload Time	COMMENTS
Michael Peterson	889 Hall Street	123 ABC Street AM			7:45		8:25	
	123 ABC Street	889 Hall Street	PM	$\sqrt{}$	3:30	$\sqrt{}$	4:10	
Cameron Peterson	889 Hall Street	123 ABC Street	AM	A		A		Home sick
	123 ABC Street	889 Hall Street	PM	A		A		Record comments in this
Anna Billings	763 Butler Ave	123 ABC Street AM		$\sqrt{}$	7:50		8:25	column
	123 ABC Street	763 Butler Ave PN		$\sqrt{}$	3:30		4:00	
Rachel Stewart	615 Rose Lane	123 ABC Street AN			8:00		8:25	
	123 ABC Street	615 Rose Lane	PM		3:30		3:55]
Samantha Fields	2200 Rincon Drive	123 ABC Street	AM	$\sqrt{}$	8:05		8:25	
\	123 ABC Street	2200 Rincon Drive	PM		3:30		3:50	
Sarah Lewis	391 Rowdy Road ▲	Eastside Elementary	AM		8:15		8:20	
	333 School Street	391 Rowdy Road	PM		3:35		3:40	40
Transported children listed here (first and last		^	AM	1	1		1	
names)	Address where	Address where	PM					
, ,	the child is picked up from (could be center or home)	the child is taken to (could be center or school)	AM PM	wi	Check each child on and off with symbol. Record time for loading and unloading.			
		,	AM					
			PM					
			AM					
			PM					

	Time of Departure (from facility)	Time of Return (to facility)	FIRST CHECK Signature of staff - no child left S		SECOND CHECK Signature of staff- no child left	s	If applicable, signature of taff who reported by phone that vehicle was checked	If applicable, name of person reported to
AM	7:30 am	8:20 am	Betty Smit	r	Fatsy Collins			
PM	3:30 pm	4:15 pm	Betty Smit	h	7	I.	A phone call was made at the	Tara Lee
Revised 3/17/14 Time vehicle lea and returns to the facility		d returns to the		Verifications of first and secon each time children are unload REQUIRED.	ond checks of vehicle. Completed ed. Two checks of vehicle		return trip to the facility because there was no other staff person present at the facility and a 2 nd check couldn't be completed.	Person reported to